

Application Data Sheet

Application Information

Application number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: Paper
Computer Readable Form (CRF)?:: NO
Number of copies of CRF::
Title:: MITOCHONDRIAL DOSIMETER
Attorney Docket Number:: 001107.00357
Request for Early Publication?:: NO
Request for Non-Publication?:: NO
Suggested Drawing Figure::
Total Drawing Sheets:: 8
Small Entity?:: YES
Latin name::
Variety denomination name::
Petition included?:: NO
Petition Type::
Licensed US Govt. Agency:: National Institutes of Health
Contract or Grant Numbers:: CA43460
Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Makiko
Middle Name::
Family Name:: Fliss
Name Suffix::
City of Residence:: Columbia
State or Province of Residence:: MD
Country of Residence::
Street of mailing address:: 6491 Lacelike Row
City of mailing address:: Columbia
State or Province of mailing address:: MD
Country of mailing address::
Postal or Zip Code of mailing address:: 21045

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: David
Middle Name::
Family Name:: Sidransky
Name Suffix::
City of Residence:: Baltimore
State or Province of Residence:: MD
Country of Residence::
Street of mailing address:: 3007 Northbrook Road
City of mailing address:: Baltimore
State or Province of mailing address:: MD

Country of mailing address::

Postal or Zip Code of mailing address:: 21209

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States

Status:: Full Capacity

Given Name:: Jin

Middle Name::

Family Name:: Jen

Name Suffix::

City of Residence:: Brookville

State or Province of Residence:: MD

Country of Residence::

Street of mailing address:: 2412 St. George Way

City of mailing address:: Brookville

State or Province of mailing address:: MD

Country of mailing address::

Postal or Zip Code of mailing address:: 20833

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Hungarian

Status:: Full Capacity

Given Name:: Kornelia

Middle Name::

Family Name:: Polyak

Name Suffix::

City of Residence:: Brookline

State or Province of Residence:: MA

Country of Residence::

Street of mailing address:: 1856 Beacon St., #6F

City of mailing address:: Brookline
State or Province of mailing address:: MA
Country of mailing address::
Postal or Zip Code of mailing address:: 02445

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Bert
Middle Name::
Family Name:: Vogelstein
Name Suffix::
City of Residence:: Baltimore
State or Province of Residence:: MD
Country of Residence::
Street of mailing address:: 3700 Breton Way
City of mailing address:: Baltimore
State or Province of mailing address:: MD
Country of mailing address::
Postal or Zip Code of mailing address:: 21208

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Kenneth
Middle Name:: W.
Family Name:: Kinzler
Name Suffix::
City of Residence:: BelAir
State or Province of Residence:: MD

Country of Residence::
Street of mailing address:: 1403 Halkirk Way

City of mailing address:: BelAir
State or Province of mailing address:: MD

Country of mailing address::
Postal or Zip Code of mailing address:: 21015

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/525,906	03/15/00
09/525,906	Continuation-in-Part of	09/377,856	08/20/99
09/377,856	Non-Provisional of	60/097,307	08/20/98

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Johns Hopkins University
Street of mailing address:: 720 Rutland Avenue

City of mailing address:: Baltimore

State or Province of mailing address:: MD

Country of mailing address::

Postal or Zip Code of mailing address:: 21205